

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street)

20 F Street NW

☐Check if different
than previously
reported. (ACC)

#310A

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00249342

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2010

through

09

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Scot Glasberg

Signature of Treasurer

Electronically Filed by Scot Glasberg

Date

12

07

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 45

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		97617.46
(b) Cash on Hand at Beginning of Reporting Period	102678.95	
(c) Total Receipts (from Line 19)	35541.67	132900.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	138220.62	230518.13
7. Total Disbursements (from Line 31)	93084.42	185381.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45136.20	45136.20
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 45

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 9D D
3 0Y Y Y Y
2 0 1 0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	29960.00	112011.50
(ii) Unitemized	3081.67	18389.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	33041.67	130400.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	33041.67	130400.67
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	35541.67	132900.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	35541.67	132900.67

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	584.42	2881.93	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	584.42	2881.93	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	92500.00	182500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	93084.42	185381.93	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93084.42	185381.93	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	33041.67	130400.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33041.67	130400.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	584.42	2881.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	584.42	2881.93

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

David L Abramson, MD

Mailing Address PO Box 636

City

Alpine

State

NJ

Zip Code

07620-0636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: 9C7316E998F48A9D491

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Atul K Amin, MD

Mailing Address 4441 William Penn Hwy

City

Easton

State

PA

Zip Code

18045-4907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: 4F970C1E9158E36AC42

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John W. Bass, MD

Mailing Address 3701 E Dunlap Ave

City

Phoenix

State

AZ

Zip Code

85028-5043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 4C6B0D8E6F904A4C886

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 45

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

C. Bob Basu, MD

Mailing Address 1511 Missouri St

City

Houston

State

TX

Zip Code

77006-2525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Basu Plastic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 3 / 2 0 1 0

Transaction ID: 6F7B8A14E3311222D1

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Steven C Bonawitz, MD

Mailing Address 17 Manning Ave

City

Lewiston

State

ME

Zip Code

04240-5923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: DD2155AB78C92351A2F

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jennifer B Buck, MD

Mailing Address 1252 Greybrooke Pl

City

Oldsmar

State

FL

Zip Code

34677-5115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 8 / 2 0 1 0

Transaction ID: 19479E415F69AE0456E

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Michael J Busuito, MD

Mailing Address 2556 Amberst Court

City

Troy

State

MI

Zip Code

48098-4200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 83232BDB4C40F189630

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Patrick Chen, MD

Mailing Address 7028 Saucon Valley Dr

City

Fort Worth

State

TX

Zip Code

76132-4539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 1 0

Transaction ID: B0AA96745959779E244

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Anne R Delaney, MD

Mailing Address Dr_Anne@Comcast.Net

City

Lagunitas

State

CA

Zip Code

94938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Department of Plastic Sur-
gery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: B3E1F002A186A016635

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Lynn D Derby, MD

Mailing Address 16316 N McKinnon Ln

City

Colbert

State

WA

Zip Code

99005-9167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: 7101C143FA50249FBB6

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Deason C Dunagan, MD

Mailing Address 28 Asbury Rd SE

City

Huntsville

State

AL

Zip Code

35801-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 2B52614B77F1C7EBA1F

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Aric J Eckhardt, MD

Mailing Address 11 Sawgrass Dr

City

Coal Valley

State

IL

Zip Code

61240-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 7BD010B50031A96D7C7

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Michael A Epstein, MD

Mailing Address 26 Timber Ln

City

Northbrook

State

IL

Zip Code

60062-3716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 0D9EF666AA0AD2D4470

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Neil A Fine, MD

Mailing Address 3230 Mary Kay Ln

City

Glenview

State

IL

Zip Code

60026-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 2BED25DCA467F142E7F

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Peter E Gee, MD

Mailing Address

City

Boston

State

MA

Zip Code

02116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 8B9136E392A454783D6

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Scot Bradley Glasberg, MD

Mailing Address 900 Park Ave

City

New York

State

NY

Zip Code

10075-0231

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	0

Transaction ID: C14981189D6592A287A

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard J Greco, MD

Mailing Address 29 Herons Nest

City

Savannah

State

GA

Zip Code

31410-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Transaction ID: 2D0D9CE8053CDBA6F16

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John E Griggs, MD

Mailing Address 106 Englewood Rd

City

Longmeadow

State

MA

Zip Code

01106-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	1	0

Transaction ID: 2D34A1FF45E90F5FF79

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Sarah Elizabeth Hagarty, MD

Mailing Address 1824 Wedgewood Way

City

Rockford

State

IL

Zip Code

61107-1760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony Medical Cen-
ter

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: D17088C6D207A869E53

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Michelle Y Hardaway, MD

Mailing Address 2721 Franklin Rd

City

Bloomfield Townshi

State

MI

Zip Code

48302-0911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: F3BB91AF72C3DA3AE68

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth S Harris, MD

Mailing Address 30044 Cloud View Dr

City

Bulverde

State

TX

Zip Code

78163-4031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 0

Transaction ID: 61C0C9574EAA6F0CDC9

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Arden L Hothem, MD

Mailing Address 999 E Lake Dr

City

Gainesville

State

GA

Zip Code

30506-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	0

Transaction ID: E75E6A872299A5CBFD6

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

William H Huffaker, MD

Mailing Address 134 Pinehurst Estates Dr

City

Saint Louis

State

MO

Zip Code

63141-8041

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Cosmetic SurgeryOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	0

Transaction ID: 3BB5582C61CADEF2C8A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Debra J Johnson, MD

Mailing Address 3500 Cutter Way

City

Sacramento

State

CA

Zip Code

95818-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	0

Transaction ID: 442977FF22EDD4E66F5

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Peter P Kay, MD

Mailing Address 3835 N Pantano Rd

City

Tucson

State

AZ

Zip Code

85750-2358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Dr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 3 / 2 0 1 0

Transaction ID: D35A3A000107C15B2FC

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Angela Keen, MD

Mailing Address 1458 Michigan Ave

City

Salt Lake City

State

UT

Zip Code

84105-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 0

Transaction ID: 85AEEA87CC26122864E

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Denise M Kenna, MD

Mailing Address 700 Woodberry Rd

City

York

State

PA

Zip Code

17403-4140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 0

Transaction ID: A2D61D2AEA88B26A38E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Philip C Kierney, MD

Mailing Address 15216 135th Ave E

City

Puyallup

State

WA

Zip Code

98374-9235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 0

Transaction ID: 52C861907451F34BE8E

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

K. Alex Kim, MD

Mailing Address 6119 San Vicente Blvd

City

Los Angeles

State

CA

Zip Code

90048-5413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 1 0

Transaction ID: 27A5CD326668B7ED842

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Brian M Kinney, MD

Mailing Address 1857 Benedict Canyon Dr

City

Beverly Hills

State

CA

Zip Code

90210-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: E4D56F6703674313F7C

Amount of Each Receipt this Period

2050.00

SUBTOTAL of Receipts This Page (optional)

2915.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

William M Kuzon, MD

Mailing Address 4665 Fox Sedge Ct

City

Dexter

State

MI

Zip Code

48130-9373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: CF86625AEBAD365E19D

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Theodore A Lazzaro, MD

Mailing Address 350 Elm Dr

City

Greensburg

State

PA

Zip Code

15601-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: 0171D36D99E4542FE62

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David C Leber, MD

Mailing Address 331 E Meadow Dr

City

Mechanicsburg

State

PA

Zip Code

17055-5168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leber & Banducci Plastic
Surgery, LTD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 1 0

Transaction ID: 0648E768CE6A17F4AC3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Paul J Loverme, MD

Mailing Address 3 Brook Ridge Ct

City

Cedar Grove

State

NJ

Zip Code

07009-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 1 0

Transaction ID: 7A338C5DC936D468719

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Paul J Loverme, MD

Mailing Address 3 Brook Ridge Ct

City

Cedar Grove

State

NJ

Zip Code

07009-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 1 / 2 0 1 0

Transaction ID: 29B8E338414D859C13D

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Paul J Loverme, MD

Mailing Address 3 Brook Ridge Ct

City

Cedar Grove

State

NJ

Zip Code

07009-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: B2F838A08E233FCB1D9

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Herluf G Lund, MD

Mailing Address 5 Holiday Ln

City

Saint Louis

State

MO

Zip Code

63131-3238

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Louis Cosmetic Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: 710F77432AF1B666D60

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Csaba L Magassy, MD

Mailing Address 10201 Bentcross Dr

City

Potomac

State

MD

Zip Code

20854-4752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 1 0

Transaction ID: 344D74BD-ECC1-4AE2-

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Raman Chaos Mahabir, MD

Mailing Address 3010 Ira Young Dr

City

Temple

State

TX

Zip Code

76504-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 0

Transaction ID: C796AFF8734CA96BF7F

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Carl H Manstein, MD

Mailing Address 8226 Fairview Rd

City

Elkins Park

State

PA

Zip Code

19027-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 1 0

Transaction ID: 40715EDB0AE8BE1A379

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Carl H Manstein, MD

Mailing Address 8226 Fairview Rd

City

Elkins Park

State

PA

Zip Code

19027-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 2 / 2 0 1 0

Transaction ID: EE1798062059F467556

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Carl H Manstein, MD

Mailing Address 8226 Fairview Rd

City

Elkins Park

State

PA

Zip Code

19027-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: A151BE82666C37FBD88

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Kenneth A Marshall, MD

Mailing Address Apt. # 310

City

Waterown

State

MA

Zip Code

02472

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 42E82510CA5457440A6

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Peter A Marzek, MD

Mailing Address 33201 Lake Bend Cir

City

Leesburg

State

FL

Zip Code

34788-3688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 1 0

Transaction ID: E4C80961-634B-4E47-

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John R McGill, MD

Mailing Address 436 State St

City

Bangor

State

ME

Zip Code

04401-6606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 1 0

Transaction ID: 704165E760FA5BC8B02

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Michael F McGuire, MD

Mailing Address 552 Stassi Ln

City

Santa Monica

State

CA

Zip Code

90402-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: AF515E4B047FFC7CD7B

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Patricia A McGuire, MD

Mailing Address 4 Wild Rose Dr

City

Saint Louis

State

MO

Zip Code

63124-1466

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 1 0

Transaction ID: 4A5F9E14B93A5156F0B

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael W Neumeister, MD

Mailing Address 1049 Williams Blvd
Usa

City

Springfield

State

IL

Zip Code

62704-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer
S.I.U. - Plastic Surgery

Occupation
Professor & Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: 01127234-8281-4C3F-

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Richard F Pavese, MD

Mailing Address 6008 E Sage Dr

City

Scottsdale

State

AZ

Zip Code

85253-6957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 1 0

Transaction ID: DB61F019-DF4A-4A91-

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

James R Payne, MD

Mailing Address 3805 Marsala Way

City

Modesto

State

CA

Zip Code

95356-0342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: 89953D55C9F21A0AC81

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Byron D Poindexter, MD

Mailing Address 20940 Turner Farm Ln

City

Leesburg

State

VA

Zip Code

20175-4644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 0

Transaction ID: C111D868518CE929D57

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Malcolm Z Roth, MD

Mailing Address 1003 Colony Dr
Usa

City State Zip Code
Hartsdale NY 10530-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maimonides Medical Center

Occupation
Director, Division o

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
07 19 2010

Transaction ID: 5CA0E610F860A63FFF9

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ernesto J Ruas, MD

Mailing Address 3210 W San Nicholas St

City State Zip Code
Tampa FL 33629-5951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
09 08 2010

Transaction ID: 13D2EA64988515FD2BF

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

R. Scott Runnels, Jr., MD

Mailing Address 73 Breakers Ln

City State Zip Code
Ridgeland MS 39157-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
08 03 2010

Transaction ID: FA0F1652D1B8E194103

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Benjamin Schlechter, MD

Mailing Address 114 Coventry Ln

City

Wyomissing

State

PA

Zip Code

19610-1048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 1 0

Transaction ID: F118755A-1EA1-4D7B-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William F Seward

Mailing Address 444 E Algonquin Road

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: E7F01F29CD18128B0F2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michele A Shermak, MD

Mailing Address 305 Overhill Rd

City

Baltimore

State

MD

Zip Code

21210-2905

FEC ID number of contributing
federal political committee.

C

Name of Employer
JHBMC Division of Plastic
Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 1 0

Transaction ID: D3195C67-E1C5-40B4-

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Lori Shoaf

Mailing Address 1021 N Garfield St

City

Arlington

State

VA

Zip Code

22201-2548

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Society of Plast-
ic Surgeons

Occupation

Director, Federal Go

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: B87BCF82A5ABC2B2F78

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kimberly K Short, MD

Mailing Address 5710 Brookwood Rd

City

Indianapolis

State

IN

Zip Code

46226-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 684D9207619BF9314DC

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert K Sigal, MD

Mailing Address 2610 Geneva Hill Ct

City

Oakton

State

VA

Zip Code

22124-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: 6207BAD292C7B45C858

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Charles T Slack, MD

Mailing Address 1300 Westmont Dr

City

McKinney

State

TX

Zip Code

75070-3963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 2 / 2 0 1 0

Transaction ID: D471FD87D50FD9218D0

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles T Slack, MD

Mailing Address 1300 Westmont Dr

City

McKinney

State

TX

Zip Code

75070-3963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 1 0

Transaction ID: 75D89378AB7C2DFD3D3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles T Slack, MD

Mailing Address 1300 Westmont Dr

City

McKinney

State

TX

Zip Code

75070-3963

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Transaction ID: D48D3ADD7C7FC10867E

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Ned Snyder IV, MD, IV, MD

Mailing Address 998 Redbud Trl

City

West Lake Hills

State

TX

Zip Code

78746-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 1 0

Transaction ID: B39768D41FCB2C5221D

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Anne Taylor, MD

Mailing Address 1880 Abbotsford Green Dr

City

Powell

State

OH

Zip Code

43065-8939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 7E0E581F9EB3D11FF4A

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kevin Tehrani, MD

Mailing Address 108 E 35th St

City

New York

State

NY

Zip Code

10016-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 0

Transaction ID: 1057119EFA7C927D5FE

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Kevin Tehrani, MD

Mailing Address 108 E 35th St

City

New York

State

NY

Zip Code

10016-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 1 0

Transaction ID: 62E342C06DD6AD3FB7C

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kevin Tehrani, MD

Mailing Address 108 E 35th St

City

New York

State

NY

Zip Code

10016-3807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 6 / 2 0 1 0

Transaction ID: 7E32A1EBEF694E4E545

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven A Teitelbaum, MD

Mailing Address 930 Oakmont St

City

Los Angeles

State

CA

Zip Code

90049-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 1F68B15C84286AFA320

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Richard Tepper, MD

Mailing Address 10 Langtree Dr

City

Livingston

State

NJ

Zip Code

07039-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 1 0

Transaction ID: A4363B89988B90A1B82

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Richard Tepper, MD

Mailing Address 10 Langtree Dr

City

Livingston

State

NJ

Zip Code

07039-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 97DB47D1C951B7D752E

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

James H Wells, MD

Mailing Address 5748 Madrid Ln

City

Long Beach

State

CA

Zip Code

90814-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 7 / 2 0 1 0

Transaction ID: FCE5331D15ACF3ACC26

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Steven K White, Sr., MD

Mailing Address 171 Beach Dr
Usa

City State Zip Code
Myrtle Beach SC 29572-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 1 0

Transaction ID: E1F68BA30C95ABF2CDA

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert M Whitfield, MD

Mailing Address 1109 E Circle Dr

City State Zip Code
Whitefish Bay WI 53217-5366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 9 / 2 0 1 0

Transaction ID: 9072F23A95C1D0A84EF

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William J Wyatt, MD

Mailing Address 6219 Mountainview Dr

City State Zip Code
Cheyenne WY 82009-2698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: 725AE6DEE786A00BC9F

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Luis A Zapiach, MD

Mailing Address 9 Mayflower Dr

City

Tenafly

State

NJ

Zip Code

07670-3129

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	0

Transaction ID: DF64494C17C18CAD22D

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

365.00

TOTAL This Period (last page this line number only)

29960.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 45

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address 850 Fort Wayne Avenue

City

Indianapolis

State

IN

Zip Code

46204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	0

Transaction ID: 20345450FC6EDFFDD40

Amount of Each Receipt this Period

2500.00

Candidate Retiring

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: C95F45942D60C478991

Date of Disbursement

07 / 02 / 2010

Amount of Each Disbursement this Period

220.62

B.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: E84ACBE98DDAD484962

Date of Disbursement

08 / 03 / 2010

Amount of Each Disbursement this Period

173.06

C.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 1201 South Milwaukee Ave

City
Libertyville

State
IL

Zip Code
60048

Purpose of Disbursement

Bank Fees

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 877AFA28CB34807CFB5

Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

190.74

SUBTOTAL of Disbursements This Page (optional)

584.42

TOTAL This Period (last page this line number only)

584.42

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: 9376CEBA917408D4541 Date of Disbursement																				
Mailing Address 14 Knightswood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	1	0												
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name John H. Adler	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Andy Harris for Congress	Transaction ID: E2B01C3A4CF51384572 Date of Disbursement																				
Mailing Address PO Box 1527	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Annapolis State MD Zip Code 21404	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Andrew P. Harris	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Berkley for Congress	Transaction ID: 5625B718FED33412BAF Date of Disbursement																				
Mailing Address 3069 Conquista Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	0		2	0	1	0												
City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Shelley Berkley	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Bill Cassidy for Congress	Transaction ID: F76C01F3ACFD12B8C9D Date of Disbursement
Mailing Address 8550 United Plaza Blvd. Suite 1001	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Baton Rouge State LA Zip Code 70809	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General	<input type="text" value="2000.00"/>
Candidate Name William Cassidy	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 06	
B. Full Name (Last, First, Middle Initial) Charles Boustany Jr. Md for Congress, Inc.	Transaction ID: A27664DA714B50B3980 Date of Disbursement
Mailing Address PO Box 80126	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General	<input type="text" value="2000.00"/>
Candidate Name Charles W. Boustany, Jr.	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: LA District: 07	
C. Full Name (Last, First, Middle Initial) Charlie Dent for Congress	Transaction ID: D4D5CD98DA88EC83991 Date of Disbursement
Mailing Address PO Box 442	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General	<input type="text" value="2000.00"/>
Candidate Name Charles W. Dent	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 15	

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC)	Transaction ID: 540B468E6CBB18D5601 Date of Disbursement																				
Mailing Address 5915 Eastman Avenue Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
<table border="1"> <tr> <td>City Midland</td> <td>State MI</td> <td>Zip Code 48640</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 Leadership PAC</td> <td rowspan="2">011 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name Continuing a Majority Party Action Committee (CAMP-AC)</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: District:</td> <td colspan="2">Contribution</td> </tr> </table>	City Midland	State MI	Zip Code 48640	Purpose of Disbursement 2010 Leadership PAC		011 Category/ Type	Candidate Name Continuing a Majority Party Action Committee (CAMP-AC)		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		State: District:	Contribution		Amount of Each Disbursement this Period <table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00					
City Midland	State MI	Zip Code 48640																			
Purpose of Disbursement 2010 Leadership PAC		011 Category/ Type																			
Candidate Name Continuing a Majority Party Action Committee (CAMP-AC)																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
State: District:	Contribution																				
3000.00																					
B. Full Name (Last, First, Middle Initial) Dan Coats for Indiana	Transaction ID: 5E02A666FD3961DF8FF Date of Disbursement																				
Mailing Address PO Box 301141	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
<table border="1"> <tr> <td>City Indianapolis</td> <td>State IN</td> <td>Zip Code 46230</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 General</td> <td rowspan="2">011 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name Daniel Coats</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: IN District:</td> <td colspan="2">Contribution</td> </tr> </table>	City Indianapolis	State IN	Zip Code 46230	Purpose of Disbursement 2010 General		011 Category/ Type	Candidate Name Daniel Coats		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: IN District:	Contribution		Amount of Each Disbursement this Period <table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00					
City Indianapolis	State IN	Zip Code 46230																			
Purpose of Disbursement 2010 General		011 Category/ Type																			
Candidate Name Daniel Coats																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: IN District:	Contribution																				
2500.00																					
C. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC)	Transaction ID: 08257576D2817CB0FC7 Date of Disbursement																				
Mailing Address 25 East Main Street, Suite 200	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
<table border="1"> <tr> <td>City Richmond</td> <td>State VA</td> <td>Zip Code 23219</td> </tr> <tr> <td colspan="2">Purpose of Disbursement 2010 Leadership PAC</td> <td rowspan="2">011 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name Every Republican Is Crucial (ERICPAC)</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State: District:</td> <td colspan="2">Contribution</td> </tr> </table>	City Richmond	State VA	Zip Code 23219	Purpose of Disbursement 2010 Leadership PAC		011 Category/ Type	Candidate Name Every Republican Is Crucial (ERICPAC)		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		State: District:	Contribution		Amount of Each Disbursement this Period <table border="1"> <tr> <td>3000.00</td> </tr> </table>	3000.00					
City Richmond	State VA	Zip Code 23219																			
Purpose of Disbursement 2010 Leadership PAC		011 Category/ Type																			
Candidate Name Every Republican Is Crucial (ERICPAC)																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
State: District:	Contribution																				
3000.00																					
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8500.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy	Transaction ID: 5B37641B121B0151FB5 Date of Disbursement																				
Mailing Address 151 Linden Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Purpose of Disbursement 2010 General Candidate Name Carolyn McCarthy	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) Friends of Jeb Hensarling	Transaction ID: 05077D967B3917BF98E Date of Disbursement																				
Mailing Address PO Box 820504	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Purpose of Disbursement 2010 General Candidate Name Thomas Jeb Hensarling	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) Friends of John Thune	Transaction ID: 564E5F6F67D22BE1A2D Date of Disbursement																				
Mailing Address 200 North Phillips Avenue Ste L101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	1	0												
City Sioux Falls State SD Zip Code 57104	Amount of Each Disbursement this Period <table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Purpose of Disbursement 2010 General Candidate Name John R. Thune	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>12000.00</td> </tr> </table>	12000.00																			
12000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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PAGE 39 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Friends of Sharron Angle

Mailing Address PO Box 33058

City
RenoState
NVZip Code
89533Purpose of Disbursement
2010 GeneralCandidate Name
Sharron Angle011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Transaction ID: DCEB1E3BA39BB956194

Date of Disbursement

07 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Geoff Davis for Congress

Mailing Address PO Box 17192
Suite FCity
Ft MitchellState
KYZip Code
41017Purpose of Disbursement
2010 GeneralCandidate Name
Geoffrey C. Davis011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: 0BF90F7BA93C1AC9AE5

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Georgians for Isakson

Mailing Address Post Office Box 250116

City
AtlantaState
GAZip Code
30325Purpose of Disbursement
2010 GeneralCandidate Name
Johnny Isakson011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District:

Transaction ID: A241DB54D8966FD6F46

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Gingrey for Congress	Transaction ID: 6248152913BDF52C2BB Date of Disbursement																				
Mailing Address PO Box U	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Marietta State GA Zip Code 30060	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name John Phillip Gingrey	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: 3A43DEC0155B3B5484D Date of Disbursement																				
Mailing Address 175 South West Temple Suite 650	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Salt Lake City State UT Zip Code 84101	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2012 General	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Orrin G. Hatch	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc	Transaction ID: 91697F11DBE93D4ABDF Date of Disbursement																				
Mailing Address Post Office Box 470840	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Tulsa State OK Zip Code 74147	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name John Sullivan	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

<p>A. Full Name (Last, First, Middle Initial) Lone Star Leadership Pac</p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Lone Star Leadership Pac</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 137844F8AA47AD5C980</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mike Crapo for Us Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Michael D. Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5251A16A492911C3AEC</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 54B87E49698B8690EEC</p> <p>Date of Disbursement 07 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2010 NRSC PAC

Candidate Name
National Republican Senatorial Committee

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

Transaction ID: D6A4220F96163AB3D5C

Date of Disbursement

M M / D D / Y Y Y Y
07 / 20 / 2010

Amount of Each Disbursement this Period

15000.00

B. Full Name (Last, First, Middle Initial)
Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
2010 General

Candidate Name
Pete Sessions

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 32

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 44ED6C68EB9C2498984

Date of Disbursement

M M / D D / Y Y Y Y
07 / 21 / 2010

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
2010 General

Candidate Name
Rob Portman

Office Sought: ☐ House
☒ Senate
☐ President

State: OH District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D8EFD63BAF21F14CA14

Date of Disbursement

M M / D D / Y Y Y Y
07 / 21 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

19500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Price for Congress	Transaction ID: 0283FC7E64FD04560D7 Date of Disbursement																				
Mailing Address PO Box 425	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Roswell State GA Zip Code 30077	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Thomas E. Price	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
B. Full Name (Last, First, Middle Initial) Richard Burr Committee; the	Transaction ID: 3BC4DF8301EF705654C Date of Disbursement																				
Mailing Address Post Office Box 5928	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Winston-Salem State NC Zip Code 27113	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Richard M. Burr	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				
C. Full Name (Last, First, Middle Initial) Ryan for Congress	Transaction ID: 8B360B3C1FE17B209AB Date of Disbursement																				
Mailing Address PO Box 1919 PO Box 1919	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Janesville State WI Zip Code 53547	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Paul Ryan	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type																				

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A. Full Name (Last, First, Middle Initial) Stivers for Congress	Transaction ID: ED075478CAD627D1360 Date of Disbursement																				
Mailing Address 4679 Winterset Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Columbus State OH Zip Code 43220	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2008 General Candidate Name Steve Stivers	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Tiberi for Congress	Transaction ID: 739A5F3BEEEFB0CE5BD Date of Disbursement																				
Mailing Address 2931 E Dublin Granville Road Suite 190	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Columbus State OH Zip Code 43231	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Pat Tiberi	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Toomey for Senate Committee	Transaction ID: E839C48BB6FDCF06454 Date of Disbursement																				
Mailing Address 2720 Jordan Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	1		2	0	1	0												
City Orefield State PA Zip Code 18069	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General Candidate Name Patrick Joseph Toomey	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">7000.00</td> </tr> </table>	7000.00																			
7000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Plastic Surgeons PLASTYPAC

A.

Full Name (Last, First, Middle Initial)

Upton for All of Us

Mailing Address PO Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
2010 General

Candidate Name
Fredrick Stephen Upton

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 06

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: CFCEC94520629CED03A

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

92500.00